Patient Name	: Mrs.NEHA A LAMBE	Collected	: 01/Apr/2024 05:08PM
Age/Gender	: 31 Y 2 M 3 D/F	Received	: 01/Apr/2024 05:34PM
UHID/MR No	: STAR.0000062336	Reported	: 01/Apr/2024 07:48PM
Visit ID	: STAROPV68697	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9860913334		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

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MBBS, DPB
PATHOLOGY

SIN No:BED240091355

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Apollo Spectra HOSPITALS
TOUCHING LIVES

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**11.3**	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	**35.30**	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.05	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.1	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,920	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	22	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3296.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1082.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	196.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	344.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.05		0.78- 3.53	Calculated
PLATELET COUNT	200000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name	: Mrs.NEHA A LAMBE	Collected	: 01/Apr/2024 05:25PM
Age/Gender	: 31 Y 2 M 3 D/F	Received	: 01/Apr/2024 06:16PM
UHID/MR No	: STAR.0000062336	Reported	: 01/Apr/2024 07:48PM
Visit ID	: STAROPV68697	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	100	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	95	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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Apollo Spectra HOSPITALS
TOUCHING LIVES

Certificate No: MC- 5697

Patient Name	: Mrs.NEHA A LAMBE	Collected	: 01/Apr/2024 05:08PM
Age/Gender	: 31 Y 2 M 3 D/F	Received	: 02/Apr/2024 11:16AM
UHID/MR No	: STAR.0000062336	Reported	: 02/Apr/2024 12:06PM
Visit ID	: STAROPV68697	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
   A: HbF >25%
   B: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

DR.Sanjay Ingle
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Consultant Pathologist

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	172	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	64	mg/dL	<150	
HDL CHOLESTEROL	62	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.77		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.
2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

eligibility of drug therapy.

4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When
Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	56.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. **Hepatocellular Injury:**

• AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.

• ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.

• AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. **Cholestatic Pattern:**

• ALP – Disproportionate increase in ALP compared with AST, ALT.

• Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. **Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels.• Correlation with PT (Prothrombin Time) helps.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.69	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	23.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**13.00**	U/L	16-73	Glycylglycine Kinetic method

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Visit ID	: STAROPV68697	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	**0.62**	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.41	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	**8.100**	µlU/mL	0.25-5.0	ELFA

Kindly correlate clinically.

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24062264

Apollo Speciality Hospitals Private Limited
(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:
156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name	: Mrs.NEHA A LAMBE	Collected	: 01/Apr/2024 05:08PM
Age/Gender	: 31 Y 2 M 3 D/F	Received	: 01/Apr/2024 05:33PM
UHID/MR No	: STAR.0000062336	Reported	: 01/Apr/2024 06:43PM
Visit ID	: STAROPV68697	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9860913334		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

DR. APEKSHA MADAN
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Apollo Spectra HOSPITALS
TOUCHING LIVES

Patient Name	: Mrs.NEHA A LAMBE	Collected	: 01/Apr/2024 05:08PM
Age/Gender	: 31 Y 2 M 3 D/F	Received	: 01/Apr/2024 05:35PM
UHID/MR No	: STAR.0000062336	Reported	: 01/Apr/2024 06:40PM
Visit ID	: STAROPV68697	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9860913334		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	12-15	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

***** End Of Report *****

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2323305

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Address:
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Ph: 022 4332 4500

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mrs. Neha A Lambe	**Age/Gender**	: 31 Y/F
UHID/MR No.	: STAR.0000062336	**OP Visit No**	: STAROPV68697
Sample Collected on	:	**Reported on**	: 02-04-2024 11:48
LRN#	: RAD2290579	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9860913334		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 11.2 x 3.9 cms and the **LEFT KIDNEY** measures 10.8 x 4.2 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

URINARY BLADDER: The urinary bladder distends well and is normal in shape and contour No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture.
It measures 7.7 x 4.7 x 3.8 cms.
Normal myometrial & endometrial echoes are seen.
Endometrial thickness is 11.4 mms.
No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.8 x 1.8 cms.
Left ovary measures 2.8 x 1.7 cms

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name : Mrs. Neha A Lambe **Age/Gender** : 31 Y/F

There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Dr. VINOD SHETTY
Radiology

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mrs. Neha A Lambe	**Age/Gender**	: 31 Y/F
UHID/MR No.	: STAR.0000062336	**OP Visit No**	: STAROPV68697
Sample Collected on	:	**Reported on**	: 01-04-2024 16:55
LRN#	: RAD2290579	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9860913334		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. VINOD SHETTY
Radiology